Drama Award

Surname of candidate	Entry Year	KING
	Year 9 New	FI
First names	Year 12	
Date of birth		
dd/mm/yyyy	Have you applied for scholarships elsewhere and if	
Name and address of present school	yes, what is your order of preference?	
Signature of Head	Registration	
	If the candidate has not already been registered for King's Ely, please return the registration form and	
Name of teacher best qualified to comment on	£100 registration fee with this applicat	
the candidate's dramatic ability and experience	Closing dates for applications	
	Please refer to the website – admission	ns/scholarships
His/her address if different from school	Please return this form to:	•
	Admissions	
	King's Ely	
	Cambridgeshire	
	CB7 4EW	
I wish to enter my son/daughter/ward for a I	Orama Award at King's Ely.	
Name of parent or guardian	Daytime telephone	
Address	Home telephone	
	Signature of parent or guardian	
Email	7 5	
I .	Date	

